

Complaint form

To make a complaint, please fill out this form or put your complaint in writing. There is a checklist below to help you.

If you need help filling out this form, need the assistance of an interpreter, or have other special needs, please let us know.

PLEASE NOTE: If we accept or decline your complaint, we will send copies of your complaint, and other attachments forming part of your complaint, to those who you are complaining about. We will not send your personal contact details to those who you are complaining about.

Checklist for lodging a complaint

If you decide to lodge a complaint you need to:

- Provide your complaint in writing - this can be in your preferred language
- Sign and date your complaint or check the box underneath the 'Summary of your complaint' if sending it electronically
- Explain what has happened and why you think it is discrimination
- Refer to a ground of discrimination and an area of activity (*see below) in your complaint
- Include details about the organisation that you believe has discriminated against you
- Attach copies of any relevant documentation. You can provide up to five pages, if we need more information we will ask you for it.
- Send your complaint to us within 12 months of the last act of discrimination (see # below)

***Grounds** of discrimination are race, age, disability/illness, sex, gender identity, sexual orientation, marital status or domestic partnership, identity of spouse/partner, pregnancy, caring responsibilities, association with a child, breast feeding, religious dress, sexual harassment, victimisation.

***Areas** of activity are in workplaces, educational institutions, accommodation, goods or services, membership of clubs, conferral of qualifications, and disposal/sale of land.

#Time limit: You can complain within 12 months of the event happening. If there was a series of events of discrimination, the 12 months runs from the last event. Late complaints can sometimes be accepted. Please contact us to discuss this before lodging your complaint.

Part A – Complainant details

Title	First name	Second name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Family name

Address

City / Town / Suburb	State/Territory	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email

Mobile	Phone (AH)	Phone (BH)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Fax	TTY
<input type="text"/>	<input type="text"/>

Does anyone involved in this complaint process need assistance to participate in the complaint process, please specify what assistance is required i.e. Interpreter, disability equipment (wheelchair, sight or hearing)

Preferred method of correspondence

Email

Letter

If you are complaining on behalf of someone else, please provide details about this person.

Title	First name	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address

Suburb	State/Territory	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

What is their relationship to you?

If someone is assisting you with the complaint, for example a legal representative, advocate or union representative, please provide the following details about this person.

Title	First name	Family name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Position

Organisation

Address

Suburb	State/Territory	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Email	TTY
<input type="text"/>	<input type="text"/>

Phone (BH)	Mobile	Fax
<input type="text"/>	<input type="text"/>	<input type="text"/>

- Please send correspondence to this person Please send correspondence to me

Part B – Organisation or person you are complaining about?

Respondent 1

Name of person or organisation

Contact person's name

Contact person's position

Address

Suburb

State/Territory

Postcode

Email

Phone (BH)

Mobile

Fax

What is their relationship to you?

Respondent 2

Name of person or organisation

Contact person's name

Contact person's position

Address

Suburb

State/Territory

Postcode

Email

Phone (BH)

Mobile

Fax

What is their relationship to you?

Part C - What is your complaint about?

When did the alleged event(s) happen?

Note: The Commissioner can decide not to investigate a complaint where the complaint is lodged more than twelve months after the alleged event(s) happened. If the event(s) being complained about happened more than twelve months ago, please explain the reason(s) for the delay in making a complaint to the Commission.

Reason(s) for delay

I think that I have been discriminated against because of my (check the boxes below):

- Age
- Association with a child (e.g. breastfeeding in public, not being served because of children)
- Caring responsibilities
- Disability/illness
- Gender identity
- Intersex status
- Marital or domestic partnership status
- Pregnancy
- Race
- Religious appearance or dress
- Sex
- Sexual orientation
- Identity of a spouse or domestic partner

Or I have been:

- Sexually harassed
- Victimised because I made a complaint
- Victimised for being a whistleblower (making a public interest disclosure)
- Treated unfairly for another reason

- Where did these things happen? (area of public activity)
- Employment (including voluntary, paid or unpaid work)
- Goods and services
- Accommodation (land, housing, business or residential premises)
- Education
- Granting of qualifications
- Clubs and associations
- Sale of land
- Advertising
- Other (please provide details)

Please tell us what happened, and why you think it is discrimination, sexual harassment or victimisation:

Your response, along with any additional information in support of this complaint, can be provided as separate attachments to this Complaint Form. Please provide your responses on typed A4 pages and ensure that you retain original supporting documents for your records.

Signature

Date

What (if anything) have you done to try to resolve your complaint?

Have you talked to another organisation about this? If so, please write the name of the organisation and the person you contacted in the box below?

What effect (financial or personal) did the unfair treatment have on you?

What would you like to see happen that would resolve this complaint?

Have you lodged a complaint previously with the Equal Opportunity Commission? No Yes

Details

Statistical Information

Answering the following questions will help us to evaluate our services and better understand the discrimination that people are experiencing.

You will not be identified in any data that we publish.

Note: If you are filling out this form on behalf of another person, please enter **their** details.

Gender: Male Female Other

Age:

0-9 10-19 20-29 30-39 40-49
 50-59 60-69 70-79 80+

Aboriginal or Torres Strait Islander:

Yes No

Country of Birth:

Is English your first language?

Yes No

If not, what is your first language?

If you require any assistance please contact us:

Phone: 8207 1977
Country callers: 1800 188 163
Fax: 8207 2090
Email: eoc@agd.sa.gov.au
Website: www.eoc.sa.gov.au

Please sign this form and send to:

Equal Opportunity Commission
 GPO Box 464, Adelaide SA 5001
 Or email as an attachment to eoc@agd.sa.gov.au

Street address:
 Level 15, 10 Franklin Street, Adelaide SA 5000

Privacy statement:

Personal information provided to the Equal Opportunity Commission is protected by the Information Privacy Principles (IPPS) Instruction. Please see <http://www.archives.sa.gov.au/alias/privacy>